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CONFIRMATION NO. 8967

Bib Data Sheet

SERIAL NUMBER 10/646,010	FILING DATE 08/22/2003 RULE	CLASS 714	GROUP ART UNIT 2138	ATTORNEY DOCKET NO. 03-0084
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APPLICANTS

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** CONTINUING DATA ***** *none*** FOREIGN APPLICATIONS ***** *none DG*IF REQUIRED, FOREIGN FILING LICENSE GRANTED *DG*

** 11/20/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i> <i>DG</i>	CO	DRAWING 5	CLAIMS 13	CLAIMS 3
Verified and Acknowledged Examiner's Signature	Initials				

ADDRESS

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TITLE

Mapping test mux structure

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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